TOWARDS LIFE IN ITS FULLNESS

ACTION PLAN

arising from

THE CHAI *GOLDEN JUBILEE*

EVALUATION STUDY

"So that they may have life
and have it to the full."

The Catholic Hospital Association of India
P B 2126, Gunrock Enclave
SECUNDERABAD A P 500 003

Published by

Catholic Hospital Association of India (CHAI)

Post Box 2126, 157/6, Staff Road, Secunderabad-500 003. (A.P.)

Printed at :

Boys Town Offset Printing Press, Jahanuma-500 253.

Phones : 524611, 524612, 524613, 524614.

TOWARDS LIFE IN ITS FULNESS

CHAI *GOLDEN JUBILEE* EVALUATION STUDY

Dr Thelma Narayan

and

The Team, Community Health Cell,

BANGALORE

ACTION PLAN

Priorities, Policies and Strategies

EDITOR

Dr C M Francis

The Catholic Hospital Association Of India
PB 2126, Gunrock Enclave
Secunderabad A P 500 003

FOREW[illegible] HEALTH C[illegible]

I am extremely happy to place in your hands this ***Action Plan****, arising out of the CHAI Golden Jubilee Evaluation Study and the various reflections thereon.*

I am very grateful to God, for the guidance and inspiration to all who have worked for the successful culmination of this elaborate study leading to action.

Dr Thelma Narayan and her colleagues have carried out an excellent study, which has become a unique piece of research. It has brought out our strengths and weaknesses, raising issues and focussing on the needs of the times. We are highly thankful to them.

Our gratitude goes to all our members, the Delphi panel-lists, the members of the Executive Board and the staff of CHAI, who have given unstintedly of their time and effort. They have been open and fully co-operative throughout the study. The various regional, professional and other group - meetings have given us valuable insights and suggestions for action. To all of them CHAI is most grateful. With a deep sense of gratitude, I like to place on record the mastermind of Dr C M Francis in compiling and editing the 'Action Plan' which is, undoubtedly, need-based and very practical.

Now, my dear friends and colleagues, it is up to all of us: each person in our institutions, each member institution, the Regional/Diocesan Unit, CHAI at the headquarters, all voluntary organisations and the Government to act on the policies and strategies.

I hope and pray, this Action Plan, born of the labours of many, will help each one of us to act on behalf of our people and especially the poor, the marginalised and the vulnerable so that they may have life in its abundance.

Sister Martin Maliekal JMJ
President
Catholic Hospital Association Of India
Secunderabad
A.P. 500 003 - India

FOREWORD

PREFACE

This **Action Plan,** arising out of the CHAI Golden Jubilee Evaluation Study, comes to you from the strenuous work of many and the co-operation of many others.

First and foremost, I would like to thank Dr Thelma Narayan and her colleagues at the Community Health Cell, Bangalore. Dr Thelma has done a marvellous piece of work of great value, in spite of many inconveniences. She did not spare any effort. CHAI is most grateful to her.

The work was carried out with the help of an Advisory Committee. I am thankful to all of them and especially, Prof P Ramachandran, the expert consultant and Dr C M Francis, the convenor. Many things in connection with the evaluation and thereafter were possible mainly due to the hard work of Dr C M Francis . I am thankful to all the participants of the 11 regional and 9 professional group-meetings. The Executive Board and the staff of CHAI have contributed immensely to the outcome of the study and reflections. Many others have contributed to making this study a success. To all of them and especially the Delphi Panellists, I am thankful. Cebemo of Holland made this study possible with their financial assistance: To them, our heartfelt thanks and gratitude.

The Study, however excellent it is, does not fulfill the purpose. It has to be followed up by action. The **Action Plan** has been prepared to enable each one of us, wherever we are and whatever we are, to take appropriate action. It is our duty and responsibility as also a privilege. We cannot and should not fail to respond unreservedly to that call for action. Let us act individually and collectively so that we can build a healthy nation by building up healthy individuals, families and communities. Most of our people have been denied good health for too long. This deplorable state should not be allowed to persist. Let us act here and now, enabling our people to be more healthy and with a better quality of life.

Catholic Hospital Association of India
Secunderabad - 500 003, A.P., India

Fr John Vattamattom svd
Executive Director

Ist February, 1994.

PREFACE

THE RESEARCH TEAM

DR THELMA NARAYAN

SRI JOHNEY JACOB

SRI TOMY PHILIP

ASSISTED BY

SRI XAVIER ANTHONY

ADVISORY COMMITTEE

Dr C M Francis (Chairman)

Prof P Ramachandran (Consultant)

Dr Ravi Narayan

Sri P Srinivasan

Sr Adriana Plackal, JMJ

Fr John Vattamattom, SVD

Fr Jose Melettukochiyil, CST

THE REPORTS

At the fiftieth milestone

Policy Delphi

Feedback from the Executive Board

Feedback from the staff

Financial management

Seeking the signs of the times

REGIONAL MEETINGS (1993)

Month	Dates	Region	Venue
February	20-21	Orissa	Jharsuguda, Sambalpur
March	4-5	Karnataka	Shimoga
March	13-14	West Bengal	Raigunj
April	28-29	Madhya Pradesh	Indore
May	4-5	Bihar	Patna
May	15-16	Kerala	Cochin
May	26,27,28	NECHA (North East)	Shillong
June	25-27	Andhra Pradesh	Guntur
July	7-8	Western Region	Bombay
July	14-15	RUPCHA + Northern	New Delhi
July	24-25	Tamil Nadu	Trichy

OTHER NATIONAL MEETINGS

Month	Dates	Level	Venue
June	4-5	Community Health Trainers and Trainees	Bangalore
June	5,6,7	Sister Doctors	Cochin
June	12-13	Lawyer Sisters/Fathers/ Brothers	Hyderabad
June	22-23	Chaplains/Pastoral Care Workers	Hyderabad
June-July	30 June 1 July	Allied Health Professions	Bangalore
July	3-4	Medical Superintendents	Bangalore
July	10-11	Diocesan Social Service Societies Directors	Hyderabad
July	28-29	Principals of Schools of Nursing/Nursing Superintendents	Cochin
August	21-22	Provincial Superiors	Hyderabad
August	23-24	Executive Board	Hyderabad
September	4	Staff, CHAI	Hyderabad

GOLDEN HARVEST

Sri Augustin Veliath

THE PRIORITIES

Prof. P Zachariah

Mr Desmond D' Abreo

Dr (Sr) Lillian

Dr Ravi Narayan

Dr Thelma Narayan

Dr C M Francis (Convenor)

ACTION PLAN

COMPILATION

Dr C M Francis

CONSOLIDATION

Fr John Vattamattom, svd

Fr Jose Melettukochiyil, cst

Dr Ravi Narayan

Dr Thelma Narayan

Dr Alfred Mascarenhas

Dr C M Francis

EDITING

Dr C M Francis

CONTENTS

CHAI GOLDEN JUBILEE EVALUATION STUDY

ACTION PLAN

I INTRODUCTION

1. The CHAI Golden Jubilee Evaluation Study was initiated in July 1991, in preparation for the ***Fiftieth Anniversary of The Catholic Hospital Association of India (CHAI)*** in 1993. It was a process of search for meaning, relevance and direction for the work of CHAI and its members in the context of India today and in the future.

   The study was entrusted to Dr Thelma Narayan and her team of co-researchers at the Community Health Cell, Bangalore.

2. AIMS

2.1. To undertake an analytical study reflection on the Catholic Hospital Association of India during the last five decades focussing particularly on the past twenty- five years and the present.

2.2. To explore possible roles the Catholic Hospital Association of India could play in the future in the context of the needs of its members, the national situation and the national health policy, and as part of the voluntary health sector and the health apostolate of the church.

3. METHODOLOGY

- An analytical historical review of CHAI
- Collection of information and feedback from members.
- Departmental review.
- Financial review.
- Use of Policy Delphi.
- Discussions with people associated with CHAI.

3.1. ANALYTICAL HISTORICAL REVIEW

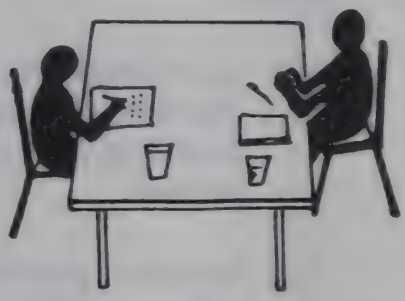
The review was done by critically analysing the various documents published, the minutes of the Executive Board and other meetings, the annual conventions, declarations and statements, departmental and other initiatives, growth and distribution of members, their types, functions and services, the organisational structure and linkages.

3.2. COLLECTION OF INFORMATION AND FEEDBACK FROM MEMBERS

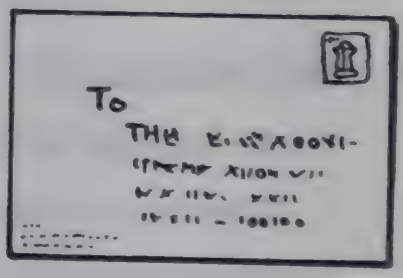
The objective was to get information and feedback from all the members. This was a laborious undertaking, considering the numbers (2272 institutions as of October, 1991) and the distribution according to size and geographical situation.

The following strategy was adopted:

3.2.1. 20 per cent (455) member - institutions were selected by stratified random sampling, representing the institutions by size and location. The selected institutions were visited personally by forty (40) trained investigators, who had received a six-day preparatory training, using a field - tested interview schedule.



3.2.2. The remaining 80 per cent (1817) of the institutions were mailed the questionnaire.



3.2.3. The views of the staff, members of the Executive Board and representatives of regional units of CHAI were gathered.

3.3. DEPARTMENTAL REVIEW

Departmental reviews were conducted with participation by the departmental staff.

3.4. FINANCIAL REVIEW

A specific need was to review the financial performance of CHAI. This was got done separately by an outside expert.

3.5. POLICY DELPHI

To forecast the future scenario and role of CHAI and its members, the Policy Delphi method was used. A group of 40 (forty) persons were selected. They were outside of CHAI, knowledgeable and involved actively in various fields of health and development. They represented diverse fields, including education, management, communication, theology, psychology, sociology, social work, law, medicine, nursing, pastoral care and development. Among them were leaders, policy and decision - makers, trainers, researchers and representatives of other national level co-ordinating agencies and networks in health.

4. PARTICIPATION

The study was an interactive process, at the same time maintaining objectivity. 62.3% of the membership(1415 member - institutions) shared information of themselves and gave feedback on the strengths and weaknesses of CHAI and their expectations and suggestions for the future. The Delphi panelists gave freely of their time and efforts; so also, there was very good participation from all others who were contacted.

5. THE REPORT

The Main Study Report is in 5 volumes:

1. At the fiftieth milestone
2. Policy Delphi
3. Feedback from the Executive Board
4. Feedback from the Staff of CHAI
5. Financial Management

6. SEEKING THE SIGNS OF THE TIMES

The major issues and concerns which emerged during the process of data collection were incorporated in a document for discussion, "**Seeking the Signs of the Times.**" The document was circulated to all the members, who were encouraged and urged to study it and give their feedback.

"Seeking the Signs of the Times" formed the basic document for discussions at various meetings:

6.1. Regional Meetings (11)

Orissa at Jharsuguda, Sambalpur, Karnataka at Shimoga, West Bengal at Raigunj, Madhya Pradesh at Indore, Bihar at Patna. Kerala at Cochin,North East at Shillong, Andhra Pradesh at Guntur, West at Bombay, Rajasthan, Uttar Pradesh and North at Delhi, Tamil Nadu at Trichy.

6.2. National (Professional) Meetings (9)

Community Health Trainers and Trainees at Bangalore, Sister- Doctors at Cochin, Lawyers (Sisters, Fathers and Brothers) at Hyderabad, Chaplains and Pastoral Care Workers at Hyderabad, Allied Health Professionals at Bangalore, Medical Superintendents at Bangalore, Diocesan Social Service Socieities', Directors at Hyderabad, Principals, Schools of Nursing and Nursing Superintendents at Cochin, Provincial Superiors at Hyderabad.

6.3. Executive Board at Hyderabad

6.4. Staff of CHAI at Hyderabad

The **Action Plan** has emerged from the findings of the exhaustive study and the discussions.


NEW DELHI
PATNA
SHILLONG
RAIGUNJ
INDORE
JHARSUGUDA
BOMBAY
HYDERABAD
GUNTUR
SHIMOGA
BANGALORE
TRICHY
COCHIN
● REGIONAL MEETINGS (11)
▲ OTHER MEETINGS (9)+(2)

II PREAMBLE

The CHAI Golden Jubilee Evaluation Study Report, in its abridged form, "The Golden Harvest -- New Horizons", was released at the Golden Jubilee Convention held at Jeevan Jyothi Retreat House, Begumpet, Hyderabad, on 6 November 1993. The Evaluation Study is a bold and honest attempt to have an analytical historical review of the performance of CHAI during the 50 years of its existence, its strengths and weaknesses, the emerging health scenario, plan how to tackle the important issues and problems in health, and use every opportunity for improving the health of the people. Dr Thelma Narayan and her team to whom this task was entrusted have given a true and factual account of CHAI highlighting its activities, the achievements and shortcomings, the challenges ahead as well as the steps to be taken to strengthen the organisation further in the service of the people.

The discussions based on the document "Seeking the Signs of the Times" at the 11 Regional, 9 Professional and other meetings, spread out over a year were very fruitful. They have also come out with various recommendations and plans for action at various levels:

1. The Member - Institutions
2. The Regional/Diocesan units of CHAI
3. CHAI as a national body
4. Government and other non-government organisations

PRIORITY AREAS

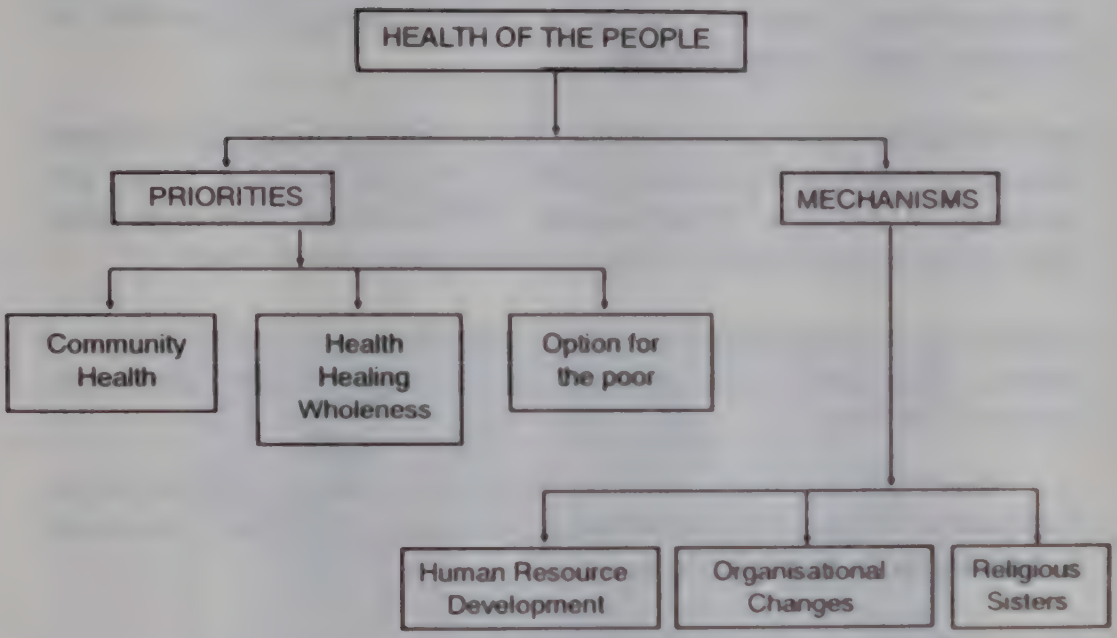
The report (5 volumes plus the discussion document) and the reports of the discussions at the various meetings were studied by a small committee to work out the priorities and thrust - areas for the coming 10-15 years. This brief digest and the report were also presented to the Convention on 6 November, 1993 for discussion and decision. Three major concerns and three means of achieving the major objectives were identified.

Major Concerns

1. Community Health
2. Health, Healing and Wholeness
3. Preferential option for the poor.

ACTION PLAN

(Incorporating the identified priorities and mechanisms)



Action by

- Member Institutions
- Regional/Diocesan Units of CHAI
- CHAI as a National Body
- Government and other Organisations

Through fostering

- Self Care
- Family Care
- Community Care

Healthy Environment.

The Means

1. Human Resource Development in health
2. Organisational changes in CHAI
3. Religious sisters and CHAI

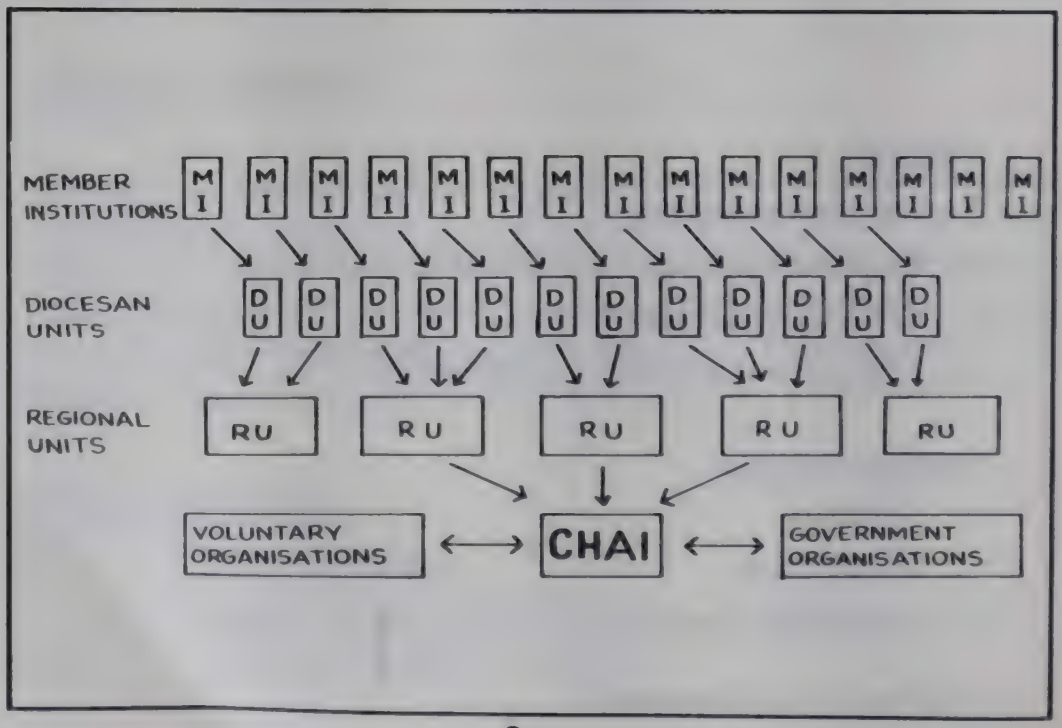
These major concerns and the means of achieving them must now be translated into policies and strategies. They must be implemented within a reasonable time - frame.

In the following pages are given the suggested policies and strategies. The implementation requires planning, organisation, action, monitoring and evaluation. Answers have to be found to the questions **who** will implement **what**, **when** and **how**.

The strategies have been classified under various headings: Member Institutions, Regional/Diocesan Units, CHAI at National level, and Government and Other Organisations. This has been done to facilitate each group to identify the strategies most appropriate for them.

Some of the strategies have been repeated under various headings and groups. It has been done purposely. It means that more than one group has to act on them.

There are also many other issues and problems, identified by the Evaluation Study and the reflections at the various meetings. They must be tackled at the appropriate levels.



III PRIORITIES AND MECHANISMS

1. COMMUNITY HEALTH

Community Health approach has been emphasised by CHAI from the late seventies. Many of our institutions have developed this approach in recent years. But most of our hospitals and other health care institutions continue to be better at curing and relieving the sick who come to them than in making communities healthier and more wholesome by their own effort and according to their resources and circumstances. Community orientation and community-based health care according to the New Vision of CHAI need to become a basic commitment and not an optional activity of CHAI member - institutions. Community Health has once again been identified as a top priority.

POLICY

CHAI and the Member Institutions understand Community Health as a process of enabling people to exercise their rights and responsibilities to attain and maintain health. We will participate and help in the enabling process and foster activities by the individuals, families and community in the spirit of self-reliance and self-determination.

A. MEMBER INSTITUTIONS

i. GENERAL

- Identify the health problems and needs of the people from their angle by going to them, discussing with them, and ensuring their participation.

- Have a Community Health Team in each institution. Let the concept of Community Health pervade throughout the institution. Have a budget for community health programmes, making use of local resources.

- Adopt atleast one village for community health and development before the end of 1994. Cover a defined geographical area around the institution for primary health care.

- Give equal importance and encouragement to Community Health Department as to any other department in the institution.

- Set aside a fixed time slot or schedule for Community Health work in villages or urban slums.

- Organise school health programmes with special emphasis on health awareness and health promotion activities.

- Study the causes/problems of malnutrition in the area and take appropriate action.

ii. HEALTH EDUCATION

- Impart health education as part of non-formal and adult education in the defined geographical area and adopted village.

- Use appropriate media such as street - plays and puppet-shows, following the customs, culture and traditions of people.

iii. WOMEN AND CHILDREN

- Pay special attention to women's health and especially health of women in the unorganised occupations.

- Encourage Natural Family Planning.
- Promote primary education of all children as a means to attain health. Give priority to school drop-outs among girls.

- Work towards the improvement of socio- economic power of women.

iv. **ALTERNATIVE MEDICINE**

- Educate the people on the appropriate use of herbal medicines and home - remedies.
- Promote the use of alternative systems of medicines in the institution and make that fact known to the public and patients and get their consent.

v. **PEOPLE'S MOVEMENT**

- Organise people to get their rights with respect to health and development.
- Involve in people's movement and struggles for a just, healthy society.
- Campaign against violence in any form, wherever it may be.

iv. **OTHERS**

- Hospitals to be referral centres for the peripheral health centres and dispensaries.
- Health centres and dispensaries to have simple laboratory facilities.
- Have a rational policy on purchase and use of drugs.
- Form linkages with other voluntary organisations for community health.

B. REGIONAL OR DIOCESAN UNITS

- Help in the community health activities of the member - institutions by actively participating in the programmes. Be a source of information and support in their activities.
- Be an effective communicating link between CHAI headquarters and members with respect to community health. Discuss all important communications from the headquarters and monitor implementation.
- Collect relevant materials on health education and circulate them among the members.
- Organise regular meetings of all health care professionals and workers, Governmental and private institutions in the area, motivating them to community health action.
- Organise campaigns for promotion of health.
- Engage in prevention of AIDS, drug and alcohol abuse, and such other issues.
- Ensure presence and active participation of Directors of Diocesan Social Service at regional meetings.
- Make available to the members the objectives of CHAI and study them together.
- Introduce health insurance schemes and co- operatives at the regional/diocesan level.
- Study the causes/problems of malnutrition in the region and take appropriate action.
- Assess environmental needs, make them known to members and take action together.

- Organise mahila mandals, youth clubs, etc. for better health.
- Prepare training material in local/regional language and utilise them and the resources of Government and other voluntary organisations for Community Health.

C. CHAI AT NATIONAL LEVEL

- Philosophy, Goals and Objectives of CHAI must stress community-based health care.
- Have an Advisory sub-committee (other than the Executive Board) for community health.
- Circulate regularly a news-letter to maintain communication links and containing information on community health and first hand experience of members and making known the available resources for fostering community health.
- Support people's initiatives in community health
- Get standing orders from doctors in the area for prescribing and administering medicines by the sister - nurses or organise any other method of legal protection.
- Campaign for prevention of AIDS and drug and alcohol abuse.
- Take up training of trainers in community health.
- Provide technical and other material support
- Encourage income - generating programmes among members.
- Encourage alternative systems of medicine in our institutions
- Collaborate with Government on national control/eradication programmes for tuberculosis, leprosy, malaria, kala-azar, AIDS, etc.
- Influence the health policy of the Government of India and the States towards community health.
- Campaign for the availability of all essential drugs, including anti-tuberculous drugs, at all times.
- Collaborate with CMAI, VHAI etc. on the basis of issues for better health of the people.
- Focus more on the North.
- Take up health - issues at CRI meetings to motivate more men and women religious to be involved in community health.

D. GOVERNMENTAL AND OTHER ORGANISATIONS

- Government to give priority to community health and primary health care.
- Congregations to arrange community health programmes. Introduce (where, not already done) health awareness and motivation for health work from the initial formation (in the congregations).
- Congregations to respond positively to requests from CHAI to provide suitable personnel for service in the CHAI Community Health Department.

E. RESEARCH

- Study the situation of women working in the unorganised occupations - sector with respect to health and well-being.

> Community participation is a social process in which specific groups with shared needs living in a defined geographical area actively pursue identification of their needs and take decisions and establish mechanisms to meet them.
>
> **World Health Forum, 10:468, 1989.**

2. HEALTH, HEALING AND WHOLENESS

All members of CHAI subscribe to the concept of wholeness in all its dimensions. In practice, the emphasis is predominantly on the cure or relief of physical ailments. The unique and distinctive

whole- person-approach to health and healing is not always evident in the services provided in our health care institutions. Our efforts will be a deliberate and consistent pursuit of wholistic healing, whatever be the size, location or level of technology of our member-institutions. Catholic Health Care Institutions have been known to provide Caring Service. Our institutions will enhance the caring, humanising service

POLICY

CHAI and the Member-Institutions will participate in the integral care of the whole person, taking into account the physical, psychological, social and spiritual needs.

STRATEGY

A. MEMBER INSTITUTIONS

- Promote health through healthy life- styles, being supportive of body's healing powers.
- Have pastoral care (spirituality) departments and provide facilities to take care of the spiritual and pastoral needs of the patients, respecting the religious beliefs of the people.

- Involve the family and the community in health and healing.
- Provide wholistic approach by all the staff.
- Utilise alternative systems.
- Have a trained chaplain in all medium and larger institutions.
- Be ethical in all dealings; avoid all non- ethical practices such as over-prescription, over-investigation, unnecessary surgeries, under - the - table - payment, doctor - snatching, etc.
- Have accountability to patients and the public and transparency in all the dealings.
- Respect the dignity of the individual and right to life.
- All our health care institutions including nursing education institutions will reflect deeply on and promote Christian (human) values.
- Make available always life-saving drugs and equipment.
- Admit AIDS patients without discrimination, but take all necessary precautions.
- Consider the possibility of hospices for the care of terminally ill patients : AIDS, cancer and others.
- Create awareness of correct teachings of the church with regard to health and related matters among the staff and the public.
- Respect the dignity and rights of the patients.

3. REGIONAL/DIOCESAN UNIT

- Pre-empt unethical practices among the health care institutions in the area.
- Spread information on the correct teachings of the Church on health related matters.
- Have regional spiritual renewal teams.
- Have an Advisory Board with representatives from the public.

C. CHAI AT NATIONAL LEVEL

- Philosophy, goals and objectives of CHAI will stress wholistic approach to health.
- Have an Advisory sub-committee (other than the Executive Board) for wholistic health.
- Have a Pastoral (Spiritual) Care-Department, which is supportive of pastoral care activities in the member-institutions.

D. GOVERNMENT

- Promote spirituality in all health care institutions — Government, voluntary or private.
- Spiritual dimensions of healing to be incorporated in the training of sisters in their formation.
- Share the new vision of CHAI effectively with religious and other leaders.

E. RESEARCH

- Conduct an in-depth study of the theology of healing in the Indian context.

3. PREFERENTIAL OPTION FOR THE POOR

The Healing Ministry of the Church is part of the good news to the poor. In practice, the socio-economic resources of the patient tend to determine access to medical and health care. In our institutions, there will be preferential option for the poor, channelling our resources to meet their needs and adapting our efforts to see that the poor get our care.

There is also need for a deliberate placement of our institutions in the areas of greatest need in health care in our country. The study has shown that the majority of our health care institutions (68%) are in States which are better off with regard to health status of the people. Only 32% are in the worse-off States (includes Bihar, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh, Assam, Gujarat and Sikkim).

Poverty, seen in its wider context is deprivation due to physical, mental, behavioural, socio-economic, societal and spiritual handicaps. Poverty can also be due to belonging to the vulnerable and neglected groups such as children, women, the aged and the disabled.

POLICY

Heeding to the mandate of Jesus Christ— "In so far as you did this to the least of these brothers of mine, you did it to me",— CHAI and the Member-Institutions will have preferential option for the poor.

STRATEGY

A. MEMBER INSTITUTIONS

- Be people-oriented without discrimination based on socio-economic status or other conditions.
- Have a positive bias in favour of the poor.
- Foster primary health care in socially and economically disadvantaged (urban slums and rural) area. (Focus on grassroot-level work).
- Promote Natural Family Planning.
- Progressively increase the absolute and proportionate budgets alloted for free and concessional care for the poor. It is suggested that a 5% increase be made in 1994 over the 1993 allocation and thereafter 2% increase each year till 2000 A.D.
- Study the cause and extent of malnutrition and take appropriate action.
- Ensure that social justice prevails in the institution.
- Encourage income-generating programmes and small savings schemes.
- Reduce cost of health care.
- Educate people on low-cost medical care and use of herbal medicines and home remedies.
- Have a rational policy of purchase and use of drugs.
- Emphasise health education. Use different categories of personnel including science teachers to impart health education.

B. REGIONAL/DIOCESAN UNITS

- Bulk purchase of low-cost drugs. Reduce cost of medicine, X-ray films and other materials.
- Study the causes and extent of malnutrition in the area and take action.
- Organise mahila mandals, youth clubs, etc. for better health and against the evils of alcohol and drug abuse.
- Improve literacy among the poor.

C. CHAI AT NATIONAL LEVEL

- Philosophy, goal and objectives of CHAI must stress preferential option for the poor.
- CHAI would address itself to the emerging health problems of the poor and the marginalised.
- Disseminate the concern of CHAI for greater social justice and work for social change.
- Focus on the North in terms of establishing new health care facilities, training, allocation of discretionary fund and other programmes. Prepare a master-plan for health facilities in the country.
- Assist in bulk purchase of drugs to bring down the cost.

D. GOVERNMENT AND OTHER ORGANISATIONS

- Ensure financial support of Government for the free care of poor patients.
- Have greater focus on the North (the under-served areas).
- Fight against corruption in hospitals and health centres, to ensure that poor people are not denied the services.
- Ensure that all medicines including anti-tuberculous drugs are available to the poor, free of cost.

E. RESEARCH

- Study the health and accessibility to health care services of the poor.
- Study the financial management of some of our health care institutions with the objective of enabling our institutions to be self-reliant financially, while caring for more and more poor patients.

4. HUMAN RESOURCES DEVELOPMENT IN HEALTH

The success of implementing the priorities in health depends on trained and experienced personnel. They must have the necessary know-how and commitment to achieve the goals and objectives. The prevalent patterns of education and training do not emphasise adequately these concerns. CHAI has to develop appropriate educational and training mechanisms and also influence other educational and training institutions. This can be broadly at three levels:

1. The member organisations/institutions which train health professionals and workers must be helped and induced to give priority to these concerns in all their programmes.
2. CHAI should develop a competent educational programme to fulfill these roles.
3. Health personnel who have been trained earlier need to have up-dating and refreshing of their knowledge, skills and attitude, by continuing education.

POLICY

CHAI and Member-Institutions will help in improving education and training of health personnel at every level making the training relevant with stress on values.

We will ensure continuing education of all persons working in our institutions.

STRATEGY

A. MEMBER INSTITUTIONS

- Give priority to continuing education. Encourage and depute staff-members to avail of courses in continuing education.
- Organise refresher courses and in-service training programmes.
- Teach medical ethics in medical colleges, schools and colleges of nursing and allied health professionals.
- Review and modify the educational programmes.

B. REGIONAL/DIOCESAN UNITS

- Organise regional/diocesan - level training programmes in various areas, including leadership.
- Identify and utilise regional resource - persons and teams for training.
- Arrange continuing education programmes.
- Take up the problems of training institutions with Government, Nursing Councils and other authorities in the State.
- Create a team of trainers with experts for pastoral care and medical ethics.
- Organise refresher courses for health care administrators.

C. CHAI AT NATIONAL LEVEL

- Have a continuing education cell at CHAI.
- Organise and support continuing education for all health personnel especially those working in the peripheral areas.
- Enlighten our educational institutions in health on making education and training relevant.
- Train all health personnel on the rational use of drugs.
- Train health personnel on the use of alternative systems of medicine.
- Develop suitable modules, manuals and materials for training for use at various levels.
- Train all health personnel in pastoral care, linking with institutions training chaplains and pastoral care workers.

- Support efforts in establishing training centres for pastoral care.
- Have a network of member institutions (Colleges and schools) of Nursing.
- Constitute a Board of Education in Nursing and Allied Health Professions and get Government's recognition.
- Arrange for the training of trainers for community health.
- Arrange for short-term courses in nursing (including specialities), administration and care of AIDS patients.
- Educate the staff of CHAI regarding goals and objectives of CHAI through booklets, discussions and special orientation courses.

D. OTHER ORGANISATIONS

- Introduce child-to-child and child-to-parent health programmes in educational institutions.
- Have health care as a component of adult and non- formal education.
- Request CBCI for more seats for religious sisters in St. John's Medical College.
- Encourage co-operation between member institutions and educational institutions for health education.

E. RESEARCH

- Conduct studies in distance-learning.

5. ORGANISATIONAL CHANGES

In order to achieve better the priorities of CHAI, which have emerged from the evaluative study (members' perceptions) and the discussions, there is need for changes in the organisational set-up. There is need for:

- greater integration and co-ordination,
- decentralisation, and
- greater efficiency and accountability

Greater integration is needed for **unity.** The shared resources, expertise and commitment of the member-institutions can help to achieve the goals and objectives of CHAI. Decentralisation will help to facilitate decision-making and more effective implementation of the objectives at the regional and local levels.

With the changes in the perceptions of people and the legislation, there is need for upgrading the efficiency of the institutions and organisations.

The organisational structure must be supportive of the philosophy, goals and objectives of CHAI, stressing the priority areas.

POLICY

CHAI and the Member Institutions will be open to and implement organisational changes to make the structures help to achieve better the objectives.

STRATEGY

A. MEMBER INSTITUTIONS

- Have participatory decision-making at all levels.
- Enter into healthy relationship with other doctors and health care institutions in the area for professional, technical and legal support.
- Have a trained administrator.
- Have more professional management, appropriate to the size, type and function of the health care institution.
- Avoid frequent transfers of sisters involved in health care.
- Organise programmes for 6-10 smaller institutions with one larger institution.
- Have an internal audit system.
- Plan of action, accounts, project proposals and budget for next year to be presented at the institutional general body meeting.
- Have appropriate staff selection.
- Maintain complete medical records.

B. REGIONAL/DIOCESAN UNIT

- Consider the possibility of standardized charges for common investigations.
- Ensure presence and participation of Directors of Diocesan Social Service at the regional meetings.
- Arrange bulk purchases of low-cost medicines.
- Have an active, full-time co-ordinator at diocesan/regional level.
- Organise a public relation cell to have liaison with Government and other organisations.
- Have individual members and work out a proportion of institutional and individual members in the regional governing body.

C. CHAI AT THE NATIONAL LEVEL

- Ensure better professional management of CHAI.
- Change the name to Catholic Health Association of India.

- In place of 'associate' members have individual membership, open to persons involved in health apostolate, those subscribing to objectives of CHAI, religious superiors, provincials and other similar persons.
- Actively promote regional units.
- Representatives from regional units could form the Executive Board of CHAI.
- Representation of individual members could be ensured in the Executive Board of CHAI.
- Strengthen the Zonal Office at Delhi for more efficient functioning.
- Have advisory committees for the different departments.
- Have model service rules.
- Have regular staff and department heads' meetings, with their active involvement in decision-making, as also regular evaluation of departments.
- Have a separate wing/section in CHAI for hospitals.
- Have a Board of Education in Nursing and Allied Health Professions.
- Liaison with CMAI and VHAI, Government (National/State) and international bodies (WHO, UNICEF, etc.) for better health of the people.

D. OTHER ORGANISATIONS

- Bring about closer collaboration (structurally and functionally) with other organisations having similar objectives.

E. RESEARCH

- Conduct studies to determine what further improvements can be made in the organisational set-ups at CHAI and the Regional units.

6. RELIGIOUS SISTERS AND CHAI

The greatest strength of CHAI is the total devotion of the religious sisters in the service of our Lord and Master through the Healing Ministry. Three-fourths of the member institutions are run by religious sisters. A major requisite for the development of CHAI and health and healing in the country is the affirmation of the role of the religious sisters and realisation that their services will be required in greater measure in future. CHAI exhorts the Congregations to play an even greater role on wider issues in health and development. There is need for committed personnel to run the existing institutions and to establish and administer new health care facilities in areas where they are required most. There is need for leadership in taking up the larger roles. Every effort will be made to strengthen the mutually beneficial symbiotic relationship between CHAI and the congregations.

POLICY

CHAI and the Member-Institutions will ensure greater and even better participation by the religious sisters in the Healing Ministry.

STRATEGY

A MEMBER INSTITUTIONS

- Give leadership training for religious sisters in health care.
- Get standing orders from religious or other doctors in the area for legal protection of sister-nurses to administer drugs.
- Have religious sisters trained in pastoral care.
- Have skill training to cope with the requirements, especially in the remote areas.

B. REGIONAL/DIOCESAN UNIT

- Arrange for registered medical practitioner certificates or other methods of legal protection for religious sisters prescribing and administering drugs.
- Build linkages between CHAI, CARITAS, the dioceses and major superiors and also with the Catholic (St Luke's) Medical Guilds and CNGI.
- Have representation for CRI women in the governing body (75% of the institutions are managed by religious sisters).

- Regular staff and department head's meetings at CHAI with active involvement of staff in decision-making as also regular evaluation of departments.

C. CHAI AT NATIONAL LEVEL

- Provide information to CRI for starting new health care facilities.
- Get authorisation for sisters working in the periphery to administer a restricted number of drugs.
- Promote formation of forums, eg. sister doctors' forum.
- Explore the possibility of representation in CRI meetings/CRI executive at the national/regional level.
- Conscientize superiors and formators of congregations in the need for greater involvement in health and development.

D. GOVERNMENT/OTHER VOLUNTARY ORGANISATIONS

- Request the government to give permission to sister-nurses and other health personnel to administer drugs where there is no doctor.
- CRI to explore the possibility of CHAI representative being present at the meetings of CRI.
- Request CBCI to give preference to sisters, especially those from the North, in admission to St John's Medical College.
- Request CRI and individual congregations to introduce (where not already done) health awareness and motivation for health work from the initial formation in the congregation.
- Have health issues in the agenda of CRI meetings.

E. RESEARCH

- Conduct studies into constraints and solutions to them of more Religious Sisters entering the Healing Ministry.

IV SPECIFIC OPERATIONAL PLANS

1. CONTINUING EDUCATION CELL

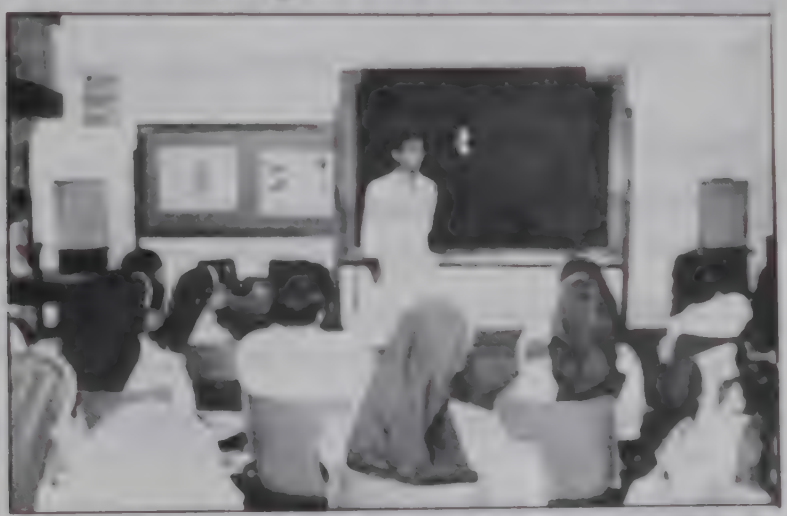
Success in implementing the priorities determined by the member institutions would basically depend on trained and experienced personnel who have the necessary know- how and commitment to achieve the goals and objectives.

Problem

1. Religious Sisters and other health professionals and workers in the member institutions, especially those in the peripheral institutions need updating.
2. The prevalent patterns of education and training do not emphasise adequately on the major concerns brought out by the study. CHAI has to develop appropriate education and training systems and motivate those involved in education and training of health personnel to modify their programmes.

Objectives

1. Update the knowledge, skills and attitude of the personnel to make their functioning relevant to the times and needs.



2. Ensure that the training programmes are appropriate to meet the needs.

In order to achieve the objectives, CHAI should set up a **Continuing Education Cell**. The main task before this cell would be to implement the policy laid down by CHAI in respect of Human Resources Development in health by reviewing, reforming and monitoring the education and training systems at various levels.

This cell would ensure that:

1. The member organisations/institutions which train health professionals are helped and encouraged to give priority to health and development in all their programmes.
2. The Cell would develop competent educational programmes to fulfill these roles.
3. Health personnel who have been trained earlier will be helped to update and refresh their knowledge, skills and attitude by continuing education.
4. The Focus would be mainly on the personnel in the smaller, rural health care institutions.

STRATEGIES

Member Institutions

- Give prime importance to health education.
- Encourage and depute staff members to avail of courses in continuing education.
- Organise refresher courses and in-service training programmes for sisters, doctors, nurses and health workers.
- Invite resource persons to speak on social and health issues.
- Review and modify educational programmes.

Regional/Diocesan Units

- Organise regional/diocesan level-training programmes in various areas including leadership and counselling.
- Identify needs for regional training schemes and utilise regional resource persons and teams for training.
- Organise continuing education programmes for all categories of personnel.
- Take up the problems of training institutions with government, councils and other authorities in the State.
- Organise refresher-courses for health care administrators.

CHAI At National Level

- Organise and support continuing education for all health personnel especially those working in peripheral areas.

- Enlighten our educational institutions on making education and training relevant.
- Train health personnel on the use of alternative systems of medicine.
- Train all health personnel on rational use of drugs.
- Develop suitable modules, manuals and materials for training for use at various levels.
- Train all health personnel in pastoral care, linking with institutions training chaplains and pastoral care workers.
- Support efforts in establishing training centres for pastoral care.
- Constitute Board of Education in nursing and allied health professions and get government recognition.
- Arrange for the training of trainers for community health.

- Arrange for short-term courses in nursing specialities, administration and care of AIDS patients.
- Bring about collaboration between educational and health care institutions to bring about health education and improve the training programmes.

Other Organisations

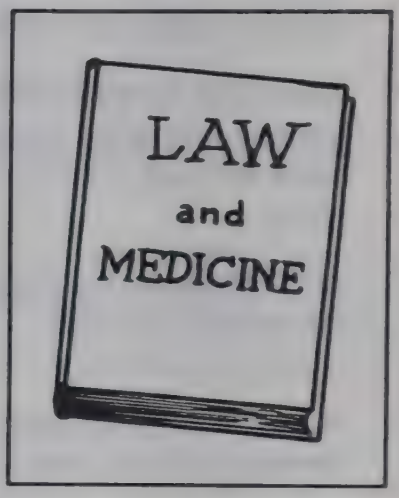
- Introduce child-to-child and child-to-parent health programmes in educational institutions.
- Have health care as a component of adult and nonformal education.

2. LEGAL CELL

Health care brings on many ethical and legal issues in which the patients, their families, the community and the health care- providers are involved.

Health care service in which CHAI member institutions are involved are exposed to high-risk professional hazards. Many of these institutions are located in remote areas and are managed by religious sisters without the services of a qualified doctor.

OBJECTIVES



1. Create awareness of the rights of patients and the people with respect to health, health care and health care services.
2. Give appropriate legal advice and take action as necessary.
3. Protect the interests of the health care professionals and workers and health care institutions providing compassionate care, especially in remote areas and where the facilities and resources are meagre.

STRATEGY

- Establish a legal cell in CHAI before the end of 1994.
- Have a qualified and competent person at CHAI to carry out/monitor the activities of the legal cell.
- Impart legal advice/guidance to people and member-institutions and direct them to the right advocate for the right job.
- Start awareness programmes for nurses, doctors and health workers with regard to legal implications and liabilities in health services.

- Enter into healthy relationship with doctors in the area for technical and legal support.
- Get official legal recognition/protection for religious women/nurses to administer drugs and treat patients in remote areas where there are no doctors.
- Enlighten our institution authorities on relevant labour legislation and ensure that they are put into practice.
- Arrange for periodical meetings with doctors and lawyers to exchange views.
- Hold regional/national get-togethers of religious priest lawyers once in two years to assess progress.
- Develop exhaustive documentation in medico -- legal jurisprudence with latest judgement and relevant case-law.
- Have joint endeavour by CHAI and ISI legal aid department to bring out a handbook to be used by medico-legal practitioners and activists.
- Involve in public interest litigation in areas of banned drugs, misuse of drugs, substandard and spurious drugs, environmental protection, food adulteration and industrial hazards.
- Help CHAI to respond to legislative measures, exisiting and proposed.

3. PASTORAL AND SPIRITUAL CARE DEPARTMENT

All members of CHAI, involved in health care in its various aspects, subscribe to the concept of wholistic health in all its dimensions. In practice the emphasis is predominantly on the cure or relief of physical ailments. The unique and distinctive whole person approach to health and healing arising from our faith is not always evident in the services provided in our health care institutions. In their pursuit of wholistic healing, our health care institutions would give greater importance to pastoral and spiritual care. This would be done respecting the faith and beliefs of the patients and their families in our pluralistic society.

OBJECTIVES

1. Give adequate emphasis to the spiritual and pastoral needs in the wholistic care of patients.
2. Help the member-institutions in providing wholistic care with spiritual dimensions.

STRATEGIES

Member Institutions

- Involve sisters and health workers in pastoral and spiritual care.
- Organise seminars and programmes in pastoral and spiritual care to equip sisters and health workers with more skills and knowledge and proper attitude in this aspect of health care.
- Reflect deeply and promote Christian (human) values giving due respect to the dignity of the individual and right for life (This would apply to our nursing education institutions also).
- Set up a pastoral and spiritual care department with one qualified competent person (and other qualified assistants according to the needs) to provide facilities to take care of the pastoral and spiritual needs of the people.
- Have a trained chaplain in medium and large hospitals; smaller institutions will have part- time/shared chaplains.
- Provide wholistic approach by all the staff, specially in respect of psychological and spiritual needs.
- Create awareness of correct teachings of the Church in respect of health and related matters.
- Respond to the spiritual needs of the patients, respecting their faiths and beliefs.

Regional/Diocesan Units

- Have regional spiritual renewal teams.
- Spread information on the correct teachings of the Church on health-related matters.
- Pre-empt unethical practices among the health care institutions in the area.
- Have an Adivsory Board with representation of the public and the Parish Priest at diocesan level.

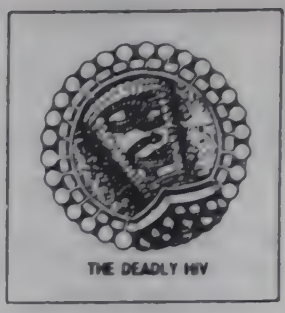
CHAI at National Level

- Have a pastoral and spiritual care department with one qualified competent person and a panel of 3 or 4 others to take care and help the pastoral and spiritual care facilities provided at the member institutions.
- Conduct in-depth studies on the theology of healing by theologians and CHAI team.
- Develop links with institutions training chaplains and pastoral care workers and provide training facilities to all members involved in health and healing in pastoral and spiritual care.
- Collect, document and disseminate literature on pastoral and spiritual care of patients.
- Support efforts in establishing training centres in pastoral care.
- Help member-institutions in the training of counselling and pastoral care teams.

Government and other organisations

- Spiritual dimensions of healing to be incorporated in the training of sisters in their formation.
- Share the new vision of CHAI effectively with religious congregations.
- Impress upon Government and other organisations of the need for the spiritual dimensions of health care.

4. AIDS



AIDS is becoming a problem of immense gravity to India. CHAI, as a national health care organisation, has a very important role to play in meeting this challenge with other like-minded organisations.

OBJECTIVES

1. To create awareness of the problem of AIDS in the country.
2. To prevent spread of HIV infection.
3. To manage patients with HIV infection and AIDS.
4. To reflect and take action on the ethical issues involved.

STRATEGY

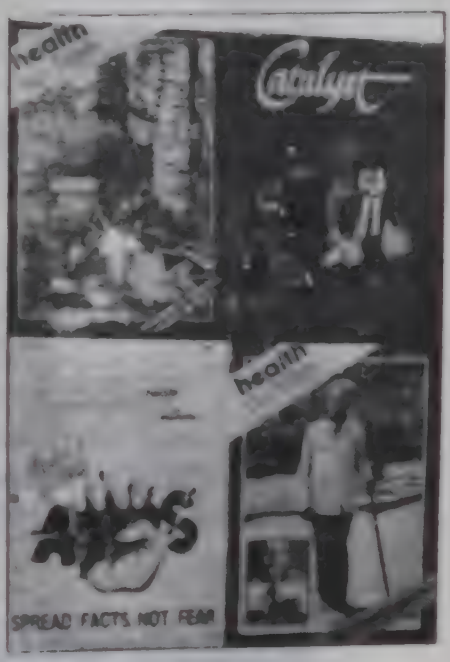
- Formulate a policy for AIDS programmes by the middle of 1994.
- Conduct a vigorous campaign of awareness and action for prevention of AIDS, directly and through the member-institutions.
- Prepare and supply educational material on AIDS.
- Publish articles, write-ups on policy matters/decisions on important issues in AIDS in *Health Action, Catalyst, News-letter* and other publications of HAFA.
- Establish AIDS counselling-centres and provide AIDS pre-and post-counselling when taking blood for HIV test.
- Organise training programmes for resource persons and staff members on AIDS.
- Organise short-term courses in the management and care of AIDS patients.
- Admit AIDS patients without discrimination in member hospitals, taking all the necessary universal precautions.
- Take up a model institution for AIDS PROGRAMME preparations.
- Consider the possibility of hospices for the care of terminally ill and AIDS patients.
- Collaborate with the government on national control programmes for AIDS.
- Collaborate with national and international organisations in achieving the objectives.
- Provide counselling and other services to families affected by AIDS to help them to cope with the consequential problems.

5. HEALTH ACTION AND CATALYST

'Health Action' and 'Catalyst' are the two magazines, published by HAFA, the publication wing of CHAI. Through them, information and education are imparted to the adult and student communities of the country. CHAI's message on health should reach more and more people throughout the country through these magazines.

OBJECTIVES

1. Create health awareness leading to action for better health.
2. Inspire and inform the people as regards their rights and responsibilities for health
3. Increase the circulation of the two magazines to ensure that the message reaches larger sections of the people.



STRATEGY

- Make *Health Action* available to all the member institutions. Ensure that the staff and others read the magazine.
- Make all efforts to increase the circulation of *Health Action*, upholding the values of CHAI.
- Promote Health Action Forums to discuss various issues on health.
- *Catalyst* should be popularised among the student community by contacting more and more schools and colleges, throughout the country.
- Every member institution should be motivated to send some interesting article which could be published in Health Action and Catalyst.
- Publish experiences of members in the magazines.
- Publish articles on "Crisis in Values" in the magazines.
- Health Action should be printed in Hindi and other regional languages, if possible.
- There must be a regular column on pastoral and spiritual care in Health Action.

6. MEDICINAL DRUGS

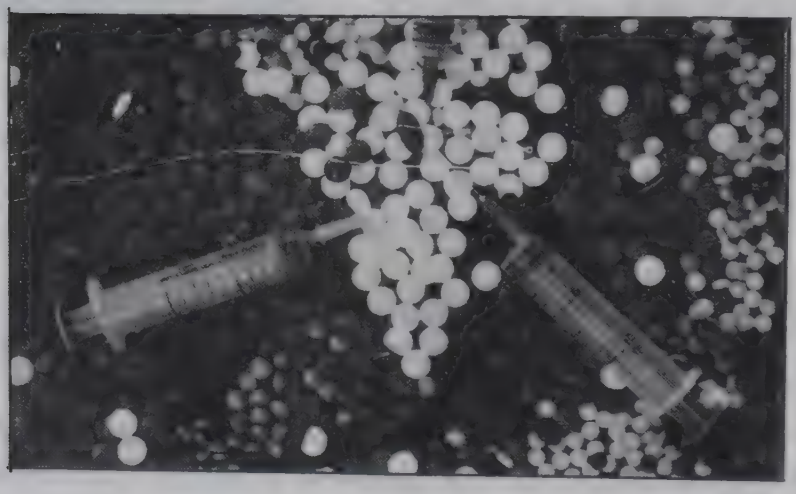
One of the main handicaps faced by CHAI members is lack of prompt and ready availability of good quality and affordable medicinal drugs. This problem should be sorted out on a priority basis in order to ensure the smooth functioning of these institutions, many of which are located in far-flung areas. Time and distance are hurdles to secure these drugs. This would badly affect their health care services.

OBJECTIVE

- Ensure availability of all essential drugs, of good quality at reasonable cost.

STRATEGY

- Ensure availability of life-saving drugs and equipment at all times.
- Ensure a regular supply of essential drugs (including anti-tuberculosis drugs) always. Approach the Government in respect of drugs for the poor.



- Assist in bulk purchase of low-cost medicines, getting maximum cost benefits like discounts etc. Negotiate with companies manufacturing drugs or leading pharmacists for bulk supply of essential drugs at reduced cost and delivery at the member-institution at convenient intervals.

- Widen the range of purchase items with special reference to medical/surgical equipment under the 'Central Purchase Service' (CPS) scheme.
- Monitor activities for propagation of knowledge of banned drugs with a list of such drugs kept ready and updated from time to time.
- Educate people about hazardous/banned drugs by conducting workshops, exhibition, and through the press and other media.
- Encourage members to use the CHAI-CMAI joint formulary or smaller appropriate versions.
- Promote the manufacture of low-cost medicines and their marketing by the generic names.
- Establish a quality assurance laboratory for testing drugs.
- Collaborate with organisations such as the All India Drug Action Network in the campaign for Rational Drug Policy and Use.
- Encourage use of alternative systems of medicine, particularly herbal medicines.

In many areas, an abundance of medicinal plants offers people access to safe and effective products for use in the prevention and treatment of illness through self-medication.

World Health Forum, 14:392, 1993

7. DIOCESAN UNITS

A strong feeling has been voiced at the Regional meetings and the Golden Jubilee Convention that there has to be Decentralisation. This can be at two levels : Regional and Diocesan. The concept of Regional Units (based on the 12 ecclesiastical regions) has been well-accepted. It was felt by 66% of the institutions which participated in the evaluation study that there should be diocesan units for more effective functioning. The same suggestions had come up in some of the Regional Meetings. This would strengthen/widen the base of CHAI at the grassroot-level. It would help CHAI to spread its mission among the member institutions and communicate its involvement in the holisitic concept of health in the healing ministry to the general public.

Diocesan Units will:

- Help in the community health activities of member institutions in the diocese by participating in their programmes and be a source of information and support in their activities.
- Be an effective communicating link between CHAI at national/regional level and the members. Discuss all communication and decision from headquarters and monitor implementation.
- Have regular meetings to share and exchange problems and issues at diocesan level.
- Collect relevant material on health education and circulate them among the members.
- Organise regular meetings of all health care professionals and workers, member institutions, government and private, in motivating them to community health action and other health care activities of CHAI.
- Organise campaigns for promotion of health, prevention of AIDS, drug and alcoholic abuse and such other issues.
- Include CHAI members in the Forum of Directors of Diocesan Social Service and ensure participation of Directors of Social Service in CHAI activities.
- Make available to members the objectives of CHAI and study them together.
- Introduce health insurance schemes and cooperatives at the Diocesan level.

- Study the causes/problems of malnutrition in the Diocesan area and initiate appropriate action.
- Assess the environmental needs, make them known to the members and take action jointly.
- Organise seminars for school children in the Diocese.
- Organise mahila mandals, youth clubs, etc., for better health.
- Prevent unhealthy competition among member institutions.
- Fight corruption in Government hospitals.
- Prepare training material in local language and utilise the resources of the government and other voluntary organisations.
- Organise diocesan-level training programmes in various areas including community health, leadership and counselling.
- Identify resource persons in the diocese and utilise their services in diocesan level training programmes in community health and other related areas.
- Prevent unethical practices among the health care institutions in the area.
- Have an Advisory Board with representatives from the public.
- Have diocesan spiritual renewal team.
- Ensure that the minimum wages policy is implemented by the member institutions.
- Spread information on the correct teachings of the Church on health-related matters.
- Improve literacy among the poor.
- Participate in bulk purchase of low-cost drugs to reduce cost of medicine and other materials.
- Consider the possibility of standardised charges for common investigations.
- Have a full-time and active co-ordinator at the diocesan level.

V CONSULTATIVE COMMITTEES/CELLS

Implementation of the various proposals and strategies brought out in the Action Plan arising out of the CHAI Golden Jubilee Study, requires the help of many persons, knowledgeable and skilled, and willing to help. CHAI will constitute cells/consultative committees for the various programmes, activities, departments and sections. These cells will be kept small (5-7 members for each), with the possibility of co-opting more persons as needed. The members will be identified by the Executive Board of CHAI, getting advice from a wide spectrum of people, including the staff of CHAI. The members will be selected on the basis of their expertise and experience in the particular area and willingness to help.

FUNCTIONS

The Members of the cells/consultative committees will form integral part of the family of CHAI, even though they are not staff of CHAI. They will promote the ideology and thrusts of CHAI.

1. The cells/committees will reflect on the various priorities, strengths and weaknesses, identified during the CHAI Golden Jubilee Evaluative Study and the reflections thereon as brought out in the various documents, culminating in the Action Plan.
2. They will help in identifying opportunities, threats, problems and possible solutions in carrying out the identified priorities.
3. They will help in the better and more effective functioning of the departments and sections of CHAI.
4. They will individually and collectively, help in the training, service and research programmes.

SUPPORT

Adequate secretarial and other support will be provided to the cells/committees ensuring smooth functioning.

REMUNERATION

While the services of the members of the cells/consultative committees will be mostly honorary, some remuneration (honorarium) may be given to compensate for the time given by them.

Areas identified

1 Community health
2 Health, healing & wholeness
3 Preferential option for the poor
4 Medical ethics
5 Finance
6 Legal
7 AIDS
8 Rational use of drugs
9 Continuing education
10 Pastoral care
11 Hospitals

Other cells and consultative committees may be constituted as need arises.

VI CONCLUSION

The challenges we face today are not new. They have been identified on various occasions in the past. Our responses have not been adequate to deal with them.

We have now looked at them afresh through the Evaluation Study and the reflections on the issues brought out by the study. We have identified a few major, general concerns. We have to deal with them effectively. There may be other problems of a uniquely regional or local character which might have orerriding importance and urgency for the people of the region. They must be tackled.

The Members have come up with many suggestions and recommendations. It is now upto all of us, the Member Institutions, the Regional/Diocesan units, CHAI at the national level, Other Voluntary Organisations and the Government to take appropriate action, individually and collectively, so that

THE PEOPLE MAY HAVE LIFE

AND HAVE IT IN ITS FULLNESS.

***

"Whenever you are in doubt
recall the face
of the poorest and most helpless
man whom you may have seen
and ask yourself
if the step you contemplate
is going to be of any use to him
—— will it restore to him a control
over his own destiny?"

M.K. Gandhi